

Intake Form
for Initial EEO Counseling Session

EEO Counselor: _____

Counselee: _____

Counselee's Job Title: _____

Agency: _____

Agency Address: _____

Work Telephone: _____

Personal Telephone(s): _____

May Counselor Call Counselee at Work? Yes____ No ____

May Counselor Call Counselee at Personal Telephone(s)? Yes ____ No ____

Home Address: _____

Email Address: _____

Place Where Counseling Occurred: _____

Date: _____ Time: _____

Does Counselee Wish to Remain Anonymous currently? Yes____ No ____

Name of Counselee's Supervisor: _____

Supervisor's Job Title: _____

Supervisor's Telephone Number: _____

Supervisor's Email Address: _____

Has Counselee reported incident(s) to his/her supervisor? Yes____ No ____

Date of Alleged Discrimination/Harassment Incident(s) _____

Reason for Delayed Contact Beyond 45 days (if applicable) _____

Basis of Complaint (check all that apply):

- ☐ Age
- ☐ Disability
- ☐ Genetic Information
- ☐ LGBTQ
- ☐ National Origin
- ☐ Pregnancy
- ☐ Race/Color
- ☐ Religion

☐ Sex

☐ Other (Specify)

☐ Retaliation (Identify earlier EEO complaint, with date, or protected workplace activity)_____

Summary of Alleged Discrimination/Harassment Incident(s):

Names of persons who participated in alleged incident(s):

Witnesses to alleged incident(s):

Names of anyone Counselee has told about the alleged incident(s):

Location of alleged incident(s):

Documents relating to the incident(s), if any:

- Will Counselee agree to EEO Counselor attempting Informal Resolution to resolve this case? Yes____ No____
- Will Counselee agree to Mediation in attempting to resolve this case? Yes____ No____

The Counselee agrees that the information contained in this Intake Form is true and accurate to the best of the Counselee's knowledge.

Counselee

Date

The EEO Counselor attests that this is a true and accurate representation of the Initial Counseling Session with the above-named Counselee.

EEO Counselor

Date

Revised July 2020
WV EEO Office
Tia Welch, Director